

study of this kind. The following are suggestions on how possibly to "block" imposition:

1. Require that a recent photograph of the applicant be affixed to every application and made a part of his statements under oath.

2. Require certified duplicate photographs for the purpose of sending to other sources if necessary, thus keeping the completed application in the home file.

3. Insist that each application be fully completed, and if for reciprocity make no indorsement when the applicant fails to affix his affidavit and his recent photograph. Also before making indorsement compare the data and photograph on the application from a sister state with the application in the files of the home state.

4. Issue no duplicates unless the request is supported by a recent photograph and affidavit of applicant.

5. Substantiate applicant's graduation by indorsement of the medical college. Satisfy yourself that the one who filed the application is the individual who graduated and is not an impostor. When a diploma has been lost or destroyed and medical college is extinct, greater diligence must be exercised in verifying credentials. If from foreign institutions, verification by correspondence with the medical college is of paramount importance. Also bear in mind that some foreign countries grant authority to practice without requiring the licentiate to be a graduate of a medical school. Do not confuse a foreign license to practice (called a diploma by all foreign applicants) with the diploma granting the degree "doctor of medicine" earned only after writing an approved thesis which often must be defended by open debate by the candidate for the doctor of medicine degree.—C. B. Pinkham, M. D.—*Federation Bulletin*.

University of California Doctor Asks State Public's Aid—All residents of central and southern California who suffered, even slightly, from effects of mussel poisoning during the recent epidemic, and who have not yet made a report of their cases, have been asked to write a letter of notification to Dr. Karl F. Meyer, director of the Hooper Foundation for Medical Research of the University of California, at Fourth and Parnassus avenues, San Francisco.

Such letters will aid greatly in an investigation now being carried on as to the extent and characteristics of the poison epidemic, he says.

Doctor Meyer asks that those who have felt the effects of such poisoning, either shortly before or shortly after July 15 from eating Pacific Coast shellfish send a record of the date on which the shellfish were gathered, directions as to how and exactly where they were obtained, and the name of the physician if one was called.

Preliminary tests conducted by the Hooper laboratories have disclosed that the poisoned condition of the shellfish arose probably from a sudden influx of indigestible food to which the mussels were unaccustomed. In order to further check this finding, and to establish as complete a record as possible for future protection of the public, it is desired to list every case of poisoning and to map every site from which the dangerous food was collected.—U. C. *Clip Sheet*.

MEDICAL ECONOMICS

A Follow-Up System in the Collection of Fees

In this issue editorial comment is made on the subject of fee collections and mention is made of a series of stickers and reminders, which were devised years ago, and which were printed for the members of the Los Angeles County Medical Association. The writer has used them in his own office from the time he arranged them years ago. It is a simple system which the office secretary carries on in regular routine, and which makes a minimum call on the physician's supervision.

The plan comprehends the sending of statements so that by the end of the sixth month, if the delin-

quent patient has given no indication of desire to pay, either in whole or in part, the account will then automatically be sent to a collecting agency. The collecting agency is told to endeavor to collect the account, so that, in the future, such type of patient will find it unprofitable to bring either himself or the same kind of friends to the office.

* * *

First Statement

The first statement is rendered as near after the first of the month succeeding that in which the services were rendered, as is convenient. It follows the usual form of all such statements.

✽

Second Statement

This is the ordinary statement, no reminder being enclosed, the statement being sent at the beginning of the second month after the services were rendered.

It may be added that two forms of statements are printed. The first or memorandum statement which is sent out has printed thereon the following:

"Financial accounts, the sending of statements, and so on, are in charge of the office secretary. Statements are issued upon completion of services, and monthly."

✽

After this first statement has been sent, a similar statement is used, except that in addition to the foregoing note the following is printed thereon:

"For your information, in case previous statements went astray in the mails, I would state that this is the _____ month we have mailed this statement."

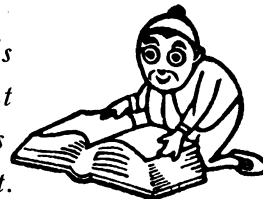
Secretary."

✽

Third Statement

This statement is rendered at the beginning of the third month after the services were rendered. Attached thereto is a sticker, printed in red, which is as follows:

*Our bookkeeper fails
to find your account
settled on our books
Please help him out.*



✽

Fourth Statement

This statement is rendered at the beginning of the fourth month after the services were rendered. Attached thereto is a sticker, printed in red, which is as follows:

PAST DUE!

This Account has no doubt escaped your notice. Will you please favor us with a remittance by return mail and oblige?

✽

Fifth Statement

With the fifth statement goes a red sticker, as follows:

**THIS ACCOUNT
IS PAST DUE.
PLEASE REMIT.**

✽

Sixth Statement

With the sixth statement goes a card, about five by three inches, printed on ordinary stock paper, in black or red ink, reading as follows:

Regarding Your Past-Due Account

Our records show that several statements and re-

Note—The fifth, sixth, and seventh statements can now be sent at intervals of ten, fifteen, or thirty days, according as the physician thinks best.

mindes have been sent you regarding the enclosed statement.

If your circumstances have made it impossible for you to pay the amount due, kindly write us promptly to that effect. Our office will then endeavor to extend all possible courtesies.

You appreciate, we are sure, that physicians, like other citizens, must pay their bills promptly. They can only do so, however, when their own clients in turn pay them promptly for such professional services as may have been rendered.

A check to cover your account, which is now considerably overdue, will be appreciated.

✽

Seventh Statement

With the seventh statement goes a similar card, on which is printed:

Final Notice

In practically all businesses the custom which is generally followed with overdue accounts is to send such to a collecting agency.

Our bookkeeper has nothing in the records of the office to show when you intend to pay the enclosed account. Perhaps the previous statements and reminders may have been overlooked or ignored.

Following the rule of this office, this overdue account will be sent to the collecting agency within ten days if arrangements for its settlement are not made prior to that time.

This collection bureau method is disagreeable to us; and we believe, also to you. By promptly sending your check all this can be avoided.

When an account is sent to the collecting agency that organization takes full charge of it thereafter.

* * *

When the above series of statements have been sent, and the patient has not been heard from, it may be assumed that it is a very proper account for a collecting agency and is forwarded to one such.

All collecting agencies have their own methods, but they nearly always make it somewhat disagreeable if the person owing the money does not pay. Patients who do not pay are undesirable patients in private offices, and should not be permitted to rob physicians of time and energy. On the other hand patients sometimes are treated who suffer from temporary financial embarrassment, and such patients should have an opportunity to liquidate their indebtedness without undue hardship. The plan above devised, when used as a routine system, works to good advantage for both classes of patients. The number of accounts which go to the collecting agency is not very great, and the elimination of the undesirable patients is quite effective. A slip is usually clipped to the history card on which are noted the dates on which the statements were sent out.

READERS' FORUM

Poliomyelitis in California—A letter from the director of the State Board of Health.

August 4, 1927.

To the Editors:

There is an epidemic of poliomyelitis in California at this time, and many physicians have asked for convalescent serum for the treatment of cases of poliomyelitis. Since experienced observers feel that better results are obtained with the use of pooled convalescent sera, it seems advisable to provide a means of collecting and distributing this serum through a central station where the blood will be tested and pooled.

Dr. K. F. Meyer of the University of California Medical School, San Francisco, is willing to supply sterile containers for the collection of blood from patients convalescing from poliomyelitis whose temperatures have returned to normal.

We ask your cooperation. Requests for the sterile containers may be sent to the Division of Epidemi-

ology, State Department of Public Health, Berkeley, or directly to Dr. K. F. Meyer. Whenever any physician in your locality wishes convalescent serum, there will be available for him as much serum as may be on hand at that time. The amount of blood available for treatment of cases will depend upon the amount which can be collected. For this reason we urge your cooperation. From fifty to one hundred cubic centimeters of blood from a patient is desired. Inasmuch as the sera are to be pooled, smaller quantities will be appreciated.

Yours very truly,
WALTER M. DICKIE, M. D.,
Director.

CALIFORNIA BOARD OF MEDICAL EXAMINERS

By C. B. PINKHAM, Secretary

The 1927 directory published by the Board of Medical Examiners, recently distributed, contains considerable interesting information showing that there is a total of 9745 licensed practitioners whose certificates under the Medical Act are in good standing. Of this group 8238 licentiates are located in California and are divided into 7699 physicians and surgeons; 45 naturopaths; 134 drugless practitioners; 243 chiroprapists, and 117 midwives. There is also printed a survey of the various cities and towns in California where an occupational tax or ordinance is in effect.

The 1927 amendments to the Medical Practice Act, became effective July 29. Attention is drawn to the prohibition of the ambulatory treatment of narcotic addicts provided in the amendment to Section 14. The reciprocity feature of the law has been changed to require an oral examination on an application based upon a license issued by a sister state which is dated ten or more years before the filing of the application in California. In other words, direct reciprocity is available only to those who have been licensed in another state within a ten-year period of the filing of the application in California.

At the meeting of the Board of Medical Examiners held in San Francisco, June 28, 1927, the reciprocity license heretofore issued to Walter R. Anderson, M. D., of Portland, Oregon, entitling him to practice as a physician and surgeon in the state of California, was revoked.

The organization of a new university is forecast in an article published in the Los Angeles *Examiner* of July 23, 1927, relating that an International University of Astrology in southern California will be the outgrowth of the first convention of the National Astrological Association. "We are out to stop the fakir," A. B. Hasting said yesterday. "We must stop them. Astrology is a dignified science and must be put on the same basis as medicine, law, and other sciences." . . . The principal speaker last night was Dr. John H. DeQuier, osteopath, who spoke on 'Astrology as Light on Obscure Medical Cases.' The records show that John H. DeQuier was reported to have paid a fine of \$100 in the municipal court in Los Angeles on February 17, 1926, the prosecution being conducted by the Board of Osteopathic Examiners.

J. E. Baker, M. D., reported as having been arrested in Corona May 10, 1927, and thereafter having been sentenced to a \$200 fine and twenty days in jail for violation of the state poison law, has been cited to appear before the Board of Medical Examiners at the October, 1927, meeting to show cause why his license as a physician and surgeon in the state of California should not be revoked.

According to the San Francisco *Bulletin* of July 20, 1927, Dr. Adalbert B. Berk, New York skin specialist,